

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10089360

FILING DATE

APPLICANT(S)

CLM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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20	1					
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22	1					
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			11			
TOTAL CLAIMS			25			

CLM	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			